

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF GENERAL SERVICES
DIVISION OF PURCHASES AND SUPPLY
VIRGINIA DISTRIBUTION CENTER REQUISITION
P.O. BOX 1776
RICHMOND, VIRGINIA 23218

Invoice To: _____ / _____
Mail Code No. _____

Address: _____
_____ Zip Code: _____

Ship To: _____ / _____
Ship To _____

Code No. _____
Address: _____
_____ Zip Code: _____

Shipment of the items listed on this requisition, as a charge against the accounts indicated, is hereby authorized and I certify that the funds are available to cover these items.

_____ Authorized Date: _____ 19____

AUTHORIZED SIGNATURE AND TITLE

Date: _____
19____[illegible]